



ASQ
AMERICAN SOCIETY
FOR QUALITY®

2009 ASQ World Conference on Quality and Improvement

May 18-20, 2009 • Minneapolis, Minnesota • Minneapolis Convention Center

Information in this contract will be used for publishing purposes. This form must be returned with complete information to ASQ headquarters.

SPONSORSHIP CONTRACT

(PLEASE PRINT)

Company name (as it should appear in program and on all signage)

Mr. Ms. Mrs. Dr.

Contact

Title

Address

Apt./Ste.

City

State/Country/Province

Zip/Postal Code

Phone

Fax

E-mail (will not be published)

Web site

Contact person's signature**

**By signing this contract the sponsor agrees to all deadlines and the rules and regulations.

SPONSORSHIP CONTRIBUTION

- | | |
|---|---|
| <input type="checkbox"/> \$50,000 Platinum Sponsorship | <input type="checkbox"/> \$15,000 Proceedings Sponsorship |
| <input type="checkbox"/> \$25,000 Internet Café Sponsorship | <input type="checkbox"/> \$10,000 Silver Sponsorship |
| <input type="checkbox"/> \$25,000 Gold Sponsorship | <input type="checkbox"/> \$5,000 Bronze Sponsorship |
| <input type="checkbox"/> \$25,000 Team Excellence Sponsorship | <input type="checkbox"/> \$2,500 Favor Sponsorship* |
| <input type="checkbox"/> \$25,000 Global Sponsorship | <input type="checkbox"/> Other _____ |

* Available to exhibitors and sponsors only

50% of the sponsorship fee must be submitted with this contract. An invoice for the remaining balance will be sent February 11, 2009. The balance of the fee is due within 30 days of that invoice. If remitting this contract after March 3, 2009, payment must be made in full.

(Please indicate your preferred method of payment)

Check enclosed for \$ _____

(Please make check payable to ASQ, drawn on a U.S. bank, payable in U.S. funds.)

Please charge my credit card \$ _____ VISA MC AMEX

Credit card number

Expiration date

Signature

Name of cardholder *(please print)*

Cardholder address

COMPANY DESCRIPTION

25-word company description
(ASQ reserves the right to edit if necessary)

Please indicate your product/service type for inclusion in the preliminary and final programs.

- | | |
|---|--|
| <input type="checkbox"/> Certification/registrar | <input type="checkbox"/> Publications/videos |
| <input type="checkbox"/> Consulting service | <input type="checkbox"/> Recognition items |
| <input type="checkbox"/> Conference/course/
training | <input type="checkbox"/> Research/surveys |
| <input type="checkbox"/> Gauges/equipment | <input type="checkbox"/> Software |
| <input type="checkbox"/> Inspection service | <input type="checkbox"/> Standards |
| | <input type="checkbox"/> Other _____ |

PLEASE RETURN THIS CONTRACT TO:

ASQ Media Sales
P.O. Box 3005
Milwaukee, WI 53201-3005

or fax to:
414-272-1734

or download this contract from:
<http://wcqi.asq.org>

For ASQ use only

AB# _____ Booth plan # _____

ASQ Representative _____

Booth Assignment(s) _____

Date _____ Payment Received \$ _____

Balance Due \$ _____